

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Prosperity for Pennsylvania Inc.		FEC IDENTIFICATION NUMBER ▼ C C00565689	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mentzer Media Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2016	
Mailing Address 219 W Pennsylvania Ave Suite 250		Amount 800000.00	
City Towson	State MD	Zip Code 21204	Transaction ID : 1105
Purpose of Expenditure Broadcast Media Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2016
Name of Federal Candidate KATHLEEN ALANA MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 1066403.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Revolution Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2016	
Mailing Address 1020 Princess Street		Amount 232957.50	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 1108
Purpose of Expenditure Digital Media Placement and Production		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2016
Name of Federal Candidate KATHLEEN ALANA MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 1066403.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1032957.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mark Dion

[Electronically Filed]

Date

MM / DD / YYYY
09 / 23 / 2016

Signature